05995

STATE OF MARYLAND—CERTIFICATE OF DEATH

138

1. PLACE OF DEATH (46-J)

County Frederick Registration Dist. No. 2-17

Village or City Mr. Kemptown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward L. Baker If U. S. Veteran, specify WAR

(a) Residence: No. Mr. Kemptown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~F~~ M

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emogene Baker

6. DATE OF BIRTH (month, day, and year): Dec. 1. 1875

7. AGE: Years 63 | Months 6 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): Dec. 1938

11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Kemptown and Frederick County

FATHER

13. NAME: Thomas Hilton Baker

14. BIRTHPLACE (city or town) (State or country): Brownsville county County

MOTHER

15. MAIDEN NAME: Anna Mary Lewis

16. BIRTHPLACE (city or town) (State or country): Kemptown and Frederick County

17. INFORMANT (Address): Wife Emogene Baker Kemptown and

18. BURIAL, CREMATION, OR REMOVAL: Place Prov. on Pleasant Date June 6, 1939

19. UNDERTAKER (Address): J. B. Beall Inc Damascus and.

20. FILED June 6, 1939 Raymond L. Day Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 4, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1939, to June 4, 1939

I last saw him alive on June 4, 1939; death is said to have occurred on the date stated above, at 10 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Bowels	18 mo. ago
Probably starting as Rectum	

Other Contributory Causes of importance:

Was in Frederick City Hospital where diagnosis was made.

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George M. Boyer M. D.

(Address) Damascus, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 6, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUL 5 1929 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

05993

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Frederick Co Registration Dist. No. 138

Village or City Monrovia No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. few ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. E. Baker

(a) Residence: No. Granite Md. Balto. Co St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Baker

6. DATE OF BIRTH (month, day, and year): May 7-1870

7. AGE: Years 69 | Months | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Samuel Baker

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Susan Perry

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Elizabeth Baker, Granite Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Sacred Heart Cem. Date: June 10-39

19. UNDERTAKER (Address): John G. Miller, 2334 Jefferson St. Balt. Md.

20. FILED: June 5, 1939 Lucian K. Falconer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June 5 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1939, to June 5, 1939

I last saw him alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Dilitation	?
Aortic Dilitation	?
Myocarditis Chr.	?

Other Contributory Causes of importance:

Coronary Occlusion	6/5/39

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Stanley Grabill M. D.

(Address) Mt. Airy Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUL 5 1927 BUREAU U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 144

05997

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Thurmont
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 68-5-16

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State MD (b) County Frederick

(c) City or town Thurmont
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Charles Milton Baxter

3 (b) If veteran, name war ✓

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence Martin

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan. 10-1861

8. AGE: Years	Months	Days	If less than one day
68	5	16	____ hr. ____ min.

9. Birthplace Thurmont. MD
(Town, county, and state)

10. Usual occupation Foreman.

11. Industry or business Cannery

FATHER

12. Name Edward Baxter

13. Birthplace Thurmont MD

MOTHER

14. Maiden Name Barbara Ann Rowe

15. Birthplace Thurmont. Md

16 (a) Informant Mrs Chas. M. Baxter

(b) Address Thurmont. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun. 29-39 (month) (day) (year)

(c) Cemetery or crematory Cemetery

Location B&R Ridge at Thurmont

18 (a) Funeral director M. L. Creager & Son

(b) Address Thurmont. MD

19 (a) June 29, 1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death Jun. 26th. 1939, 6 P; at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-20 1939 to 6-26 1939

and that I last saw him alive on 6-24 1939

Immediate cause of death	Duration
Eurremia	
Due to Chronic Brights Disease	7
Due to	
Due to about three months.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy NO

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature N. C. Bridges M.D. or other

Address Blue Ridge Summit Pa Date signed

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 3 1965
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 140

05998

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Woodsboro (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 50yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Woodsboro, Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Carfax Biser

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Sarah S. Wiles

6. (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1869

8. AGE: Years 70 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Nr. Woodsboro, Fred., Maryland (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name Henry Biser,

13. Birthplace Fred. Co., Maryland.

MOTHER 14. Maiden Name Clementine Shook,

15. Birthplace Fred. Co., Maryland

16 (a) Informant Charles B. Biser,

(b) Address Woodsboro, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 39 (month) (day) (year)

(c) Cemetery or crematory Mount Olivet

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son,

(b) Address Frederick, Maryland

19 (a) June 12, 1939 (Date rec'd by registrar) (b) L. C. Powell Registrar

MEDICAL CERTIFICATION

20. Date of death June 11 1939, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1939, to June 10 1939, and that I last saw him alive on June 10 1939.

Immediate cause of death Hypertensive Cardio Vascular renal disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. Easter Gay M. D. or other

Address Walkersville, Md Date signed June 11, 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

05999

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 216 East Patrick St (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Girl Bowers

3 (b) If veteran, name war: none

3 (c) Social Security No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, ~~married, widowed,~~ or ~~divorced.~~: single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 27, 1939

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 0 hr. 0 min.

9. Birthplace Frederick, Fred., Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name W. Leo Bowers, Jr.,

13. Birthplace Frederick, Maryland.

MOTHER

14. Maiden Name Margaret Bruchey,

15. Birthplace Frederick, Maryland.

16 (a) Informant W. Leo Bowers, Jr.,

(b) Address Frederick, Maryland.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/28/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son,

(b) Address Frederick, Maryland

19 (a) 28-June-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death June 27th., 1939, at 1:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from on June 27 to 29 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death Still born

Due to Syphilis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 1 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H S Kline M.D. M. D. or other

Address Frederick, Maryland Date signed June 28 '39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210 m)

06000

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 hrs. 20 min.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Carroll

City or town: Union Bridge - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Richard Bowers

3. (b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): March-15-1920

8. AGE:

Years	Months	Days	If less than one day
19	3	6	___ hrs. ___ min.

9. Birthplace: Carroll Co. Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Mr. Charles Bowers
13. Birthplace: Frederick, Co Md.

MOTHER
14. Maiden name: Hilda Bail
15. Birthplace: Carrol Co Md.

16. Informant: Charles Bowers
Address: Union Bridge Md

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof: June-25-1939 (month) (day) (year)

Cemetery or ~~crematory~~: Pipe Creek

Location: Near Uniontown - Carroll Co. Md.

18. Funeral director: Raymond T. Wright

Address: Union Bridge Md.

19. 21-June 1939 (Date rec'd by registrar) Dr. J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 21 1939, at 4:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 21 1939, to June 21 1939, and that I last saw him alive on June 21 1939.

Immediate cause of death	Fracture Skull	1 hr.
Due to	Auto accident	
Due to		
Other conditions	—	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: June 21-1939

Where did injury occur? Route 75 - Between Johnsville & U. Big (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): Public Highway

Means of injury: Auto Accident Injured at work? No.

23. SIGNATURE: E P Thomas
M. D. or other

Address: Frederick Md Date signed: June 21-39

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 139

CERTIFICATE OF DEATH

06001

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 29 days

(e) Length of stay in this community (yrs., mos., or days): same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County:

(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No.: 705 W. Lexington Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME**: Lillian M. Caulk

3 (b) If veteran, name war:

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles H. Caulk

6. (c) If alive, give age: 29 years

7. Birth date of deceased (mo., day, yr.): May 18, 1905

8. AGE: Years: 34 Months: 1 Days: 5 If less than one day: ____ hr. ____ min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: William Moran

13. Birthplace: Baltimore, Maryland

MOTHER

14. Maiden Name: Elizabeth Dannenfeltzer

15. Birthplace: Baltimore, Maryland

16 (a) Informant: Lillian M. Caulk

(b) Address: Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26/39 (month) (day) (year)

(c) Cemetery or crematory: LeMoreland Memorial

Location: Baltimore, Maryland

18 (a) Funeral director: M. L. Creager

(b) Address: Thurmont, Md.

19 (a) 6/27/39 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death: June 23 1939, at 5:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1939, to June 23 1939, and that I last saw him alive on June 22 1939.

Immediate cause of death	Duration
Pulmonary tuberculosis	6 mos.
Due to: Tubercle bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Stewart S. Shaffer M.D. (M.D. or other)

Address: State Sanatorium md Date signed 6/23/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

107-a

Reg. Dist. No. 131

06002

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 132 W. All Saint St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 21yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 132 W. All Saint St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Charles Augustus Chase

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: Colored

6 (a) Single, ~~married, widowed,~~ or ~~divorced.~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) February 7, 1881

8. AGE: Years 58 | Months 4 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick County Maryland (Town, connty, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name George Chase

13. Birthplace Frederick County Maryland

MOTHER

14. Maiden Name Jennie Brown

15. Birthplace Frederick County Maryland

16 (a) Informant Mrs. Jennie B. Chase

(b) Address 132 W. All Saint St., Fred'k, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/31/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Fairview Cemetery

Location Nr. Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 1 July 39 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death June 30, 1939, at 9:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1 1939, to 6-30 1939, and that I last saw him alive on 6-30 1939.

Immediate cause of death: Bronchopneumonia — Duration: 1 day

Due to: Bron. Epi. ac Tonsi

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr. U. T. Bourne Jr. M. D. or other

Address Frederick, Md. Date signed 7-1-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

M

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

(23)

06063

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

(M)

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town State Sanatorium
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo. 15days

(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 225 North Lakewood Avenue
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Estella P. Cherigos

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 26, 1924

8. AGE: Years 15 | Months 2 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Pittsburgh, Pennsylvania
(Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER

12. Name Peter J. Cherigos

13. Birthplace Greece

MOTHER

14. Maiden Name Mary P. Dimos

15. Birthplace Greece

16 (a) Informant Mary P. Cherigos

(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Unknown (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Baltimore, Md.

18 (a) Funeral director M. L. Creager

(b) Address Thurmont, Md.

19 (a) 6/30/39 (Date rec'd by Registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death June 30 1939, at 3:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1939, to June 30 1939, and that I last saw him alive on June 29 1939.

Immediate cause of death	Duration
Pulmonary tuberculosis	5 mos.
Due to Tubercle bacilli	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stewart S. Shaffer M.D.
M. D. or other

Address State Sanatorium md. Date signed 6/30/39

RECEIVED
JUL 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

06064

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 7mo. 13days

(e) Length of stay in this community (yrs., mos., or days): same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County:

(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 5601 Everhurst Road
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Roland M. Compton

3 (b) If veteran, name war:

3 (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen Compton

6. (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): May 19, 1903

8. AGE: Years: 36 | Months: 0 | Days: 28 | If less than one day: ____ hr. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Bookkeeper

11. Industry or business:

FATHER

12. Name: Elmer H. Compton

13. Birthplace: New Jersey

MOTHER

14. Maiden Name: Julia Mitchell

15. Birthplace: Baltimore, Maryland

16 (a) Informant: Roland M. Compton

(b) Address: Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 20/39 (month) (day) (year)

(c) Cemetery or crematory: Holy Redeemer

Location: Baltimore, Maryland

18 (a) Funeral director: M. L. Creager

(b) Address: Thurmont, Md.

19 (a) 6/17/39 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death: June 17 1939, at 4:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 4 1938, to June 17 1939, and that I last saw him alive on June 17 1939.

	Duration
Immediate cause of death: Pulmonary tuberculosis	11 mos.
Due to: Tubercle bacilli	
Due to:	
Other conditions: Tuberculous laryngitis (Include pregnancy within 3 months of death)	3 mos.

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Stewart S. Shaffer M. D. or other

Address: State Sanatorium Date signed 6/17/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 163

CERTIFICATE OF DEATH

06005

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Nr. Walkersville Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 59yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Nr. Walkersville Rural
(If outside city or town limits, writs RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME WILLIAM HENRY CRAMER

3 (b) If veteran, name war: none

3 (c) Social Security No.: none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: Emma C. Shank

6. (c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): July 17, 1879

8. AGE: Years: 59 Months: 10 Days: 20 If less than one day: ____ hr. ____ min.

9. Birthplace: Nr. Walkersville, Md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Jacob W. Cramer
13. Birthplace: Nr. Walkersville, Md.

MOTHER
14. Maiden Name: Cornelia Remsberg
15. Birthplace: Nr. Walkersville, Md.

16 (a) Informant: Mrs. Wm. S. Cramer.
(b) Address: Walkersville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/39 (month) (day) (year)
(c) Cemetery or crematory: Mount Olivet
Location: Frederick, Maryland

18 (a) Funeral director: M.R. Etchison & Son
(b) Address: Frederick, Md.

19 (a) June 8 (Date rec'd by registrar) (b) R. Ward Stauffer Registrar

MEDICAL CERTIFICATION

20. Date of death June 7 1939, at 9:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1938, to June 7 1939, and that I last saw him alive on June 7 1939.

Immediate cause of death: Coronary Thrombosis — Duration:
Due to — Duration:
Due to — Duration:
Other conditions — Duration:
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. E. Etchison M. D. or other
Address Walkersville, Md Date signed June 8, 39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-2)

Reg. Dist. No. 131

06006

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 116 West Third Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 75yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 116 W. Third (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Miss. Lillie Rebecca Cronise

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: female

5. Color or race: white

6 (a) Single, ~~married, widowed, or divorced.~~ single

6 (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1863

8. AGE: Years 75 | Months 10 | Days 7 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick, Frederick, Md. (Town, county, and state)

10. Usual occupation Housework

11. Industry ~~or business~~ At home

FATHER

12. Name Joseph Cronise,

13. Birthplace Frederick, Maryland.

MOTHER

14. Maiden Name Rebecca Brunner,

15. Birthplace Frederick, Maryland.

16 (a) Informant Miss. Adele A. Cronise,

(b) Address Frederick, Maryland.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/26/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet

Location Frederick, Maryland.

18 (a) Funeral director M. R. Etchison & Son,

(b) Address Frederick, Maryland

19 (a) 24-June-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death June 23rd., 1939, at 6.30P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 29, to June 23rd 1939 and that I last saw him alive on June 20th 1939.

Immediate cause of death: Myocarditis — Duration: 10 years

Due to Arterio Schlerosis — 10 years

Due to Coronary Occlusion — 20 months

Other conditions Senile Cemetery — 5 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank H. Hedge M. D. or other

Address Frederick, Md. Date signed 23-June-1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

06007

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 4yr. 6mo.

(e) Length of stay in this community (yrs., mos., or days): same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County: Charles

(c) City or town: Nanjemoy (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME**: Sarah Emma Dodd

3 (b) If veteran, name war: No

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Unknown

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Unknown

8. **AGE:** Years: About 65 | Months | Days | If less than one day: ____ hr. ____ min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Samuel Owens

FATHER 13. Birthplace: Virginia

MOTHER 14. Maiden Name: Jane ---------?

MOTHER 15. Birthplace: Virginia

16 (a) Informant: Sarah Emma Dodd

(b) Address: Nanjemoy, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Unknown (month) (day) (year)

(c) Cemetery or crematory: Unknown

Location: Nanjemoy, Charles Co., Md.

18 (a) Funeral director: Huntt & Ryon

(b) Address: Waldorf, Md.

19 (a) 1814 (Date received by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death: June 8 1939, at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8 1934, to June 8 1939, and that I last saw him alive on June 8 1939.

	Duration
Immediate cause of death: Pulmonary tuberculosis	34 yrs.
Due to: Tubercle bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature**: Stewart B. Shaffer M.D. (M. D. or other)

Address: State Sanatorium md Date signed: 6/8/39

RECEIVED
JUL 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-2) Reg. Dist. No. 14 L

CERTIFICATE OF DEATH

06008

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Lewistown
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 25 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Lewistown
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lousia Catherine Dubel

3 (b) If veteran, name war ✓ | 3 (c) Social Security No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Levi C Dubel

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31-1850

8. AGE: Years 88 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace Middletown Md
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name W. Green
13. Birthplace Middletown Md

MOTHER
14. Maiden Name Margaret Dubel
15. Birthplace Middletown Md

16 (a) Informant Mrs Cameron Hill
(b) Address Lewistown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2-39 (month) (day) (year)
(c) Cemetery or crematory Wtica Cem.
Location Wtica

18 (a) Funeral director M L Creager & Son
(b) Address Thurmont Md

19 (a) July 2, 1939 (Date rec'd by registrar) (b) Anna W. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death June 30 1939, at 5.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 30 1939, to June 30th 1939, and that I last saw him alive on Mar 28th 1939

Immediate cause of death Elapsed Lives

Due to Chronic Myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: Cornuth 10 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank H. Hedge M. D. or other
Address Frederick Date signed Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (59)

Reg. Dist. No. 131

06069

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 104 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town New Windsor Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Oak Orchard
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Edward Eckard

3 (b) If veteran, name war: No
3 (c) Social Security No. No

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~: widower
6 (b) Name of ~~husband~~ or wife: Lavinia Eckard
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1861

8. AGE: Years 77 | Months 7 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Carroll Co Md
(Town, county, and state)
10. Usual occupation Retired Farmer
11. Industry or business

FATHER
12. Name Jesse Eckard.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Angeline Diffenbaugh
15. Birthplace Maryland.

16 (a) Informant Mr. Amos Eckard.
(b) Address Middletown, Md.

17 (a) Burial
(Burial, ~~cremation, or removal~~)
(b) Date thereof June 13 1939
(month) (day) (year)
(c) Cemetery ~~or crematory~~ Winters
Location New Windsor Md.

18 (a) Funeral director C. M. Walter
(b) Address Westminster Md.

19 (a) 10 June 39 (b) Ira J. McSurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. Date of death June 10 1939, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to June 10 39
and that I last saw him alive on June 10 1939.

Immediate cause of death	Durstion
Diabetes,	2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underlins ths cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. N. Legg M.D.
M. D. or other
Address Union Bridge, Date signed 6-10-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

06610

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 3mo. 17days

(e) Length of stay in this community (yrs., mos., or days): same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County: Washington

(c) City or town: Boonsboro (If outside city or town limits, write RURAL and give town)

(d) Street No.: Route 2 (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME**: Jacob Junior Faulder

3 (b) If veteran, name war: No

3 (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.): May 11, 1921

8. AGE: Years: 18 | Months: 1 | Days: 1 | If less than one day: _____ hr. _____ min.

9. Birthplace: Boonsboro, Wash. Co., Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER

12. Name: Jacob C. Faulder

13. Birthplace: Washington Co., Md.

MOTHER

14. Maiden Name: Ruth Schrayer

15. Birthplace: Myersville, Fred. Co., Md.

16 (a) Informant: Jacob Junior Faulder

(b) Address: Boonsboro, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15/39 (month) (day) (year)

(c) Cemetery or crematory: Mt. Lena Cemetery

Location: Smoketown, Wash. Co., Md.

18 (a) Funeral director: Wm. F. Bast & Son

(b) Address: Boonsboro, Md.

19 (a) 6/12/39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death: June 12 19 39 at 7:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25 1939, to June 12 19 39, and that I last saw him alive on June 12 19 39.

	Duration
Immediate cause of death: Pulmonary tuberculosis	6 mos.
Due to: Tubercle bacilli	
Due to:	
Other conditions: Tuberculous meningitis (Include pregnancy within 3 months of death)	10 days

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide: _____

(b) Date of occurrence: _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury: _____

23. Signature: Stewart D. Shaffer M.D. M. D. or other

Address: State Sanatorium md. Date signed 6/12/39

RECEIVED
JUL 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97) Reg. Dist. No. 140

CERTIFICATE OF DEATH

06011

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Woodsboro (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Woodsboro (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Parma Lee Feiser

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex M

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Florence Riggs

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 27 1855

8. AGE: Years 83 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Woodsboro Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

FATHER 12. Name Jacob Feiser

13. Birthplace Frederick Co. Md.

MOTHER 14. Maiden Name Phoebe Crumbaugh

15. Birthplace Frederick Co. Md.

16 (a) Informant J. P. Feiser

(b) Address Woodsboro Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Hope Cem.

Location Woodsboro Md

18 (a) Funeral director Pearl Albaugh

(b) Address Woodsboro Md.

19 (a) June 23, 39 (Date rec'd by registrar) (b) L C Burrell Registrar

MEDICAL CERTIFICATION

20. Date of death June 21 1939, at 2.45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1929, to June 21 1939, and that I last saw him alive on June 20 1939.

Immediate cause of death Arteriosclerosis — Duration Since 1929

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide no

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury none

23. Signature C A Stultz M.D. (M. D. or other)

Address Woodsboro Md Date signed June 21/39

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 144

CERTIFICATE OF DEATH

06012

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Thurmont (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Walnut ~~Lombard~~

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 81-5-6

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Thurmont (If outside city or town limits, write RURAL and give town)

(d) Street ~~Walnut~~ Lombard (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Albert Franklin Fogle

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Manzella Sif Fogle

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov 26-1857

8. AGE: Years	Months	Days	If less than one day
81	5	6	_____ hr. — min.

9. Birthplace Thurmont Fred. Co. Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm Work

FATHER 12. Name Horatio Fogle

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Sarah Frock

MOTHER 15. Birthplace Maryland

16 (a) Informant Miss Linnie Fogle

16 (b) Address Thurmont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8-1939 (month) (day) (year)

17 (c) Cemetery or crematory United Brethren

Location Thurmont

18 (a) Funeral director Weddle & Eyler

18 (b) Address Thurmont

19 (a) June 7 1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death June 6 1939, at 7:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1939, to 6/6 1939, and that I last saw him alive on Jun 5 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	6/1/39
Due to Chronic Arterial Sclerosis	1930
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Morris A Biehl M.D. (M. D. or other)

Address Thurmont Date signed 6/6/39

RECEIVED
JUL 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

06013

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 17 W. Fifth St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 60yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 17 W. Fifth St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Ellen D. Funk

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widow

6 (b) Name of husband or ~~wife~~: John D. Funk

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 20, 1860

8. **AGE:** Years: 78 | Months: 10 | Days: 17 | If less than one day: _____ hr. _____ min.

9. Birthplace Frederick County Maryland (Town, county, and state)

10. Usual occupation House-work

11. Industry or business At Home

FATHER

12. Name George W. Crummitt

13. Birthplace Frederick County Maryland

MOTHER

14. Maiden Name Ellen L. Bailey

15. Birthplace Frederick, County Maryland

16 (a) Informant Mr. Louis Cole

(b) Address 17 W. 5th St. Frederick Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/8/39 (month) (day) (year)

(c) Cemetery or ~~Crematory~~ Mt. Olivet Cemetery

Location Frederick Md.

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 7-June-39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20, Date of death June 6, 1939, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1935, to June 6 1939, and that I last saw him alive on June 6 1939.

Immediate cause of death	Duration
Chronic Myocarditis	years
Due to Senility	
Due to	
Other conditions Diabetes Mellitus + Eclampsia (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. L. Fahrney M.D. (M. D. or other)

Address Frederick Md Date signed 6-6-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92a)

Reg. Dist. No. 144

06014

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Thurmont (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 55-11-19

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Thurmont (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carl Stanley Gall

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lottie E. Creager

6. (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) July 8th. 1883

8. AGE: Years 55 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Thurmont. MD (Town, county, and state)

10. Usual occupation Merchant.

11. Industry or business Groceries. and Feed

FATHER

12. Name Chas. E. Gall

13. Birthplace Thurmint. MD

MOTHER

14. Maiden Name Mary Jane Warrenfeltz

15. Birthplace Thurmont. MD

16 (a) Informant Ross V. Smith

(b) Address Thurmont. MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun. 29th 39 (month) (day) (year)

(c) Cemetery or crematory Cemetery

Location U.B.Cem. at Thurmont

18 (a) Funeral director M. L. Creager & Son

(b) Address Thurmont. Md

19 (a) June 28, 1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death Jun. 27th. 1939, at 8.40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1939, to June 27 1939, and that I last saw him alive on June 27 1939.

Immediate cause of death	Duration
Coronary thrombosis	30 min
Due to Arterial Sclerosis	5 yrs
Due to Endo conditis	
Other conditions focal infection	5 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Morris A. Bierly MD. M. D. or other

Address Thurmont Md Date signed 6/28/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06015

(186a)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 137

Village or City Johnsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Washington Garber If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael Garber

6. DATE OF BIRTH (month, day, and year) May 25 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	—	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) aug 1932

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Garber

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachael Poole

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Vernon Grossnickle (Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL Place Bear Creek Date June 10th 1939

19. UNDERTAKER Powell & Waugh (Address) Libertytown Md

20. FILED June 9 1939 W. Leatherman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 7 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 28 1939 to June 7 1939

I last saw him alive on February 6 1939 death is said to have occurred on the date stated above, at 4:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coma from Heart Disease	
Myocarditis	
Edema	

Other Contributory Causes of Importance: Senile Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury May 28 1939

Where did injury occur? Emanuel Ford Co. Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Home

Manner of Injury Fell down Steps

Nature of injury Injury to Head & Neck

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John H. Mueller M. D.

(Address) Powell Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
JUL 3 1929
U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (73-c) Reg. Dist. No. 131

CERTIFICATE OF DEATH

06016

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Home For Aged - Frederick md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11/11

(e) Length of stay in this community (yrs., mos., or days) 80/11/28

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. Record St. (Home For Aged) (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mrs. Anna O. Gilbert

3 (b) If veteran, name war	3 (c) Social Security No.	4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
None	None	Female	White	Widowed

6 (b) Name of husband or ~~wife~~ George A Gilbert Jr. deceased 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 21, 1858

8. AGE: Years	Months	Days	If less than one day
80	11	28	_____hr. _____min.

9. Birthplace Frederick, County, Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Arnold Vanfossen

FATHER 13. Birthplace Frederick Co, Md.

MOTHER 14. Maiden Name Julian Harrington

MOTHER 15. Birthplace Frederick, Co. Md.

16 (a) Informant Miriam W. Feely

(b) Address Braddock Hgts, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Md.

18 (a) Funeral director Harry E. Carty Co.

(b) Address Frederick, Md.

19 (a) 21-June-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death June 19th 1939, at 12:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 4th 1937, to June 19th 1939, and that I last saw him alive on June 18 1939.

Immediate cause of death	Duration
Myocarditis chronic	Several years
Due to ?	
Due to ?	
Other conditions Myocardial degeneration (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the causs to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm Crawford Duncan M. D. or other

Address 109 Record St Frederick md. Date signed 6/21/39

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 137

CERTIFICATE OF DEATH

06017

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Libertytown Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Basil Harding Glisan

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Ellen Glisan

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1st 1861

8. AGE: Years 78 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farmer & Miller

11. Industry or business

FATHER 12. Name Samuel Glisan

13. Birthplace Md

MOTHER 14. Maiden Name Margaret Harding

15. Birthplace Md

16 (a) Informant Mrs Nellie Young

(b) Address Union Bridge Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1939 (month) (day) (year)

(c) Cemetery or crematory Central

Location Near New London

18 (a) Funeral director Powell & Albaugh

(b) Address Libertytown Md

19 (a) June 22-39 (Date rec'd by registrar) (b) W. D. Cunningham Registrar

MEDICAL CERTIFICATION

20. Date of death June 21st 1939, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1939, to June 21 1939 and that I last saw him alive on June 21 1939.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Paralysis (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. H. Mussler M.D. M. D. or other

Address Johnsville Md. Date signed June 21

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1939
BUREAU V. S.

RECEIVED
JUL 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06018

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (94b)

County Frederick Registration Dist. No. 141

Village or City Brunswick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Lee Gordon If U. S. Veteran, specify WAR none.

(a) Residence: No. 5 East E St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy E. Nield

6. DATE OF BIRTH (month, day, and year): June 9 1860

7. AGE: Years 79 | Months 0 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: retired

10. Date deceased last worked at this occupation (month and year): 20 yrs.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: James Gordon

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Nancy Gordon

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mrs A. L. Darr (Address) Brunswick Md

18. BURIAL, CREMATION, OR REMOVAL: Place Knoxville Md Date June 24, 1939

19. UNDERTAKER: C. H. Fuhr Br B. La Fate (Address) Brunswick Md.

20. FILED June 22, 1939 Ina H. S. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 22 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to June 22, 1939 I last saw him alive on June 21, 1939 death is said to have occurred on the date stated above, at 11 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary occlusion	?

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Schnauffer M. D.

(Address) Brunswick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1916*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 5 1927
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06019

STATE OF MARYLAND—CERTIFICATE OF DEATH

WITHIN CORPORATE

1. PLACE OF DEATH (160-E)

County Frederick Registration Dist. No. 141

Village or City Brunswick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George K. Grove If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 27-1939

7. AGE Years Months Days If LESS than 1 day, 2 hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date dacaasad last workad at this occupation (month and year)

11. Total tima (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick County

FATHER

13. NAME Geo. S. Grove

14. BIRTHPLACE (city or town) (State or country) Lovettsville, Va

MOTHER

15. MAIDEN NAME Elizabeth Phelps

16. BIRTHPLACE (city or town) (State or country) Barberton, Ohio

17. INFORMANT (Address) Geo. S. Grove Lovettsville, Va

18. BURIAL, CREMATION, OR REMOVAL Place Middletown, Md. Date June 28, 1939

19. UNDERTAKER (Address) Gladhill Co., Middletown, Md.

20. FILED June 28, 1939 Wm H. S. Hedges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attanded deceesed from June 27, 1939, to June 27, 1939

I last saw him aliva on June 27, 1939; death is said to have occurred on the date stated above, at 1 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Date of onset

ruptured tentorium Cerebri.

Other Contributory Causes of importance: Infant lived 4 hrs Mid forceps.

Name of operation Data of

What tast confirmed diagnosis? Wes there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also tha following:

Accidant, suicide, or homicide? Date of Injury, 19

Whara did injury occur? (Specify city or town, county and State)

Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Neture of Injury

24. Was disaase or injury in any way relatad to occupation of deceased?

If so, specify

(Signed) William Shrauffler M.D.

(Address) Brunswick

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 5 1939
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06020

(131)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 147

Village or City near Plane Four No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Simon J. P. Hammond

(a) Residence: No. R. D. Mt. Airy, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura Jane Hammond

6. DATE OF BIRTH (month, dey, and year): July 4, 1862

7. AGE	Yeers	Months	Deys	If LESS than 1 dey, hrs. or min.
	76	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased lest worked at this occupation (month and yeer): 1f. Total time (yeers) spent in this occupation:

f2. BIRTHPLACE (city or town) Frederick Co. (State or country) Maryland

FATHER

13. NAME Moses Hammond

14. BIRTHPLACE (city or town) (Stete or country) Maryland

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (Stete or country) Maryland

f7. INFORMANT Mrs. Olie Tyler (Address) R. D. Mt. Airy, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Woodville Cemty Date June 30, 1939

f9. UNDERTAKER C. M. Waltz (Address) Winfield Md

20. FILED June 29, 1939 Archley P. Molesworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 28, 1939 (Month) (Dey) (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1939 to June 28, 1939

I lest saw him elive on June 27, 1939; death is said to heve occurred on the date steted ebove, et 2:45 A.m.

The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:

	Date of onset
Chr. Myocarditis	?
Chr. Nephritis	?
Other Contributory Causes of Importence:	
Decompensation (Cardiac)	6/5/39
Uremia	6/20/39

Name of operetion none Dete of

Whet test confirmed diagnosis? Wes there en autopsy? no

23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of injury

24. Wes diseese or injury in eny wey releted to occupetion of deceesed? no

If so, specify

(Signed) J. Stanley Grabill M. D.

(Address) Mt. Airy, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

06021

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 5 E. Sixth St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 50yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 E. Sixth St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: William Wesley Hammond, Jr.

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: Colored

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. Married

6 (b) Name of husband or wife: Sarah Goines

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) July 4, 1874

8. AGE: Years 64 | Months 11 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Retired Laborer

11. Industry or business

FATHER
12. Name William Wesley Hammond
13. Birthplace Frederick County Maryland

MOTHER
14. Maiden Name Fannie Sewell
15. Birthplace Frederick County Maryland

16 (a) Informant Mrs. William W. Hammond, Jr.
(b) Address 5 E 6th St., Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/3/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Fairview Cemetery
Location Nr. Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 1-Guy 39 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death June 29, 1939 at 12:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29, 1939, to June 29 1939 and that I last saw him alive on 2 days 6-29 1939

Immediate cause of death	Duration
Chronic myocarditis	2
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Scott Shaw M. D. or other

Address Frederick, Md. Date signed 6-29-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 5 1939
BUREAU V. S.

Date of birth

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (107-a)

Reg. Dist. No. 131

06022

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick, Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ hrs
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 E. Third St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Ronald Harris Hawkins

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex Male
5. Color or race Col.
6 (a) Single, ~~married, widowed, or divorced.~~ Single
6 (b) Name of husband or wife _____
6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1938

8. AGE: Years | Months 9 | Days 25 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick Co., Md.
(Town, county, and state)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name Oliver Lowell Hawkins
13. Birthplace Md

MOTHER
14. Maiden Name Mildred Kemar Harris
15. Birthplace Md.

16 (a) Informant Miss Adelsberger Emergency Hosp
(b) Address Frederick, Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/15/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Fairview Cemetery
Location M. Frederick, Md

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Md

19 (a) 13-June 39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death June 13 1939 at 1.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1939, to June 13 1939, and that I last saw him alive on June 13 1939.

Immediate cause of death
Primary Broncho pneumonia
Due to
There was no associated disease. [illegible]
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: 48 hours.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. W. Bow M.D.
M. D. or other
Address Frederick Md Date signed 6.13.39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

wh

STATE OF MARYLAND—CERTIFICATE OF DEATH

06023

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (159)

County Frederick Registration Dist. No. 147

Village or City Near Burkittsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stella May Henderson If U. S. Veteran, specify WAR

(a) Residence: No. Near Burkittsville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 16 1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
00	—		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME Fred. T. Henderson

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Rachel Speaks

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Fred. T. Henderson (Address) Burkittsville Rte

18. BURIAL, CREMATION, OR REMOVAL Place Burkittsville Date June 21, 1939

19. UNDERTAKER Fred T. Sheets (Address) Burkittsville Rte

20. FILED June 20, 1939 Chas H. L. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... ative on ..., 19...; death is said to have occurred on the date stated above, at ... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other Contributory Causes of Importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Leon West M. D.

(Address) Brunswick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06024

(158)

1. PLACE OF DEATH

County Frederick — Within Corporation Limits — Registration Dist. No. 131

~~Village~~ or City Frederick — No. Frederick City Hospital — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 8 hrs. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME June Annie Hoffman

(a) Residence: No. Frederick Md. R.D.I. St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): June 16 - 1939

7. AGE: Years | Months | Days | If LESS than ~~1 day~~ 8 hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Frederick Maryland

FATHER

13. NAME: Eston Hartman Hoffman

14. BIRTHPLACE (city or town) (State or country): Frederick Co. Md

MOTHER

15. MAIDEN NAME: Mildred D Quinn

16. BIRTHPLACE (city or town) (State or country): Frederick Maryland

17. INFORMANT (Address): Eston Hoffman Frederick, Md R.D.#1

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Mt Olivet Frederick Date: 17 June, 1939

19. UNDERTAKER (Address): C E Cline & Son Frederick Md

20. FILED: 16 June 39, 19 Ira J. McCurdy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1939, to June 16, 1939 I last saw her alive on June 16, 1939; death is said to have occurred on the date stated above, at 8 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Inanition	June 16

Other Contributary Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) B O Thomas M. D.

(Address) Frederick, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 144

(159)

06025

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Lewistown
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in this community (yrs., mos., or days) 8 days

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Fredk
(c) City or town Lewistown
(If outside city or town limits, write RURAL and give town)
(d) Street No. ✓
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) **FULL NAME** Charles Eugene Holt

3 (b) If veteran, name war ✓
3 (c) Social Security No. ✓

4. Sex male
5. Color or race white
6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife ✓
6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) June 8" 1939

8. **AGE:** Years | Months | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Lewistown - Fred. Co. Md.
(Town, county, and state)
10. Usual occupation none
11. Industry or business none

FATHER
12. Name Dont know
13. Birthplace ✓

MOTHER
14. Maiden Name Margaret Holt
15. Birthplace Lewistown Fredk Co Md

16 (a) Informant Norman Holt
(b) Address Thurmont Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 - 1939 (month) (day) (year)
(c) Cemetery or crematory Lewistown
Location Lewistown Fred. Co. Md.

18 (a) Funeral director Norman Holt (Grandfather)
(b) Address Lewistown Md.

19 (a) June 16 - 1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death June 16" 1939, at 2 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/8" 1939, to 6/16" 1939, and that I last saw him alive on 6/16" 1939.

Immediate cause of death undeveloped child - premature birth 5-6 mo foetus

Due to

Due to ✓

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy ✓

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris A. Birely M.D. or other
Address Thurmont Md Date signed 6/16"/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 9 1939
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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

06026

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town State Sanatorium (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: State Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10mo. 11days
(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. City Hospital (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca C. Hughes

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1916

8. AGE: Years 22 | Months 7 | Days 13 | If less than one day hr. min.

9. Birthplace Town & County Unknown, Virginia (Town, county, and state)

10. Usual occupation Practical Nurse

11. Industry or business

FATHER
12. Name Zacharia Hughes
13. Birthplace Virginia

MOTHER
14. Maiden Name Maria Hughes
15. Birthplace Virginia

16 (a) Informant Rebecca C. Hughes
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6/39 (month) (day) (year)
(c) Cemetery or crematory Rockfish Valley Cem.
Location Nelly's Ford, Virginia

18 (a) Funeral director M. L. Creager
(b) Address Thurmont, Md.

19 (a) 6/7/39 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. Date of death June 1 19 39 at 1:55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 19 38, to June 1 19 39, and that I last saw him alive on May 31 19 39.

	Duration
Immediate cause of death Pulmonary tuberculosis	1 yr.
Due to Tubercle bacilli	
Due to	
Other conditions Tuberculous meningitis (Include pregnancy within 3 months of death)	

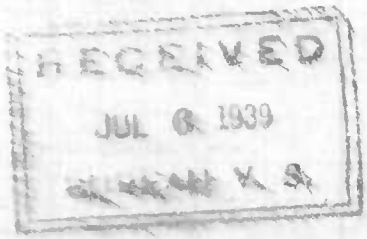
Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stewart S. Shaffer M.D. M. D. or other
Address State Sanatorium md. Date signed 6/1/39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06027

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (122-E)

County Frederick Registration Dist. No. 141

Village or City Brunswick No. Schwauffer Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie Pearl Johnson If U. S. Veteran, specify WAR

(a) Residence: No. 205 N. Maple Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. V. Johnson

6. DATE OF BIRTH (month, day, and year) Oct 31 1886

7. AGE Years 52 Months 7 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME — — Sprinkles

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Catherine Stark

16. BIRTHPLACE (city or town) (State or country) Arizona

17. INFORMANT E. V. Johnson (Address) Brunswick Md.

18. BURIAL, CREMATION, OR REMOVAL Place Loretto Union Cemer. Date June 3, 1939

19. UNDERTAKER C. H. Feete & Bro. (Address) Brunswick Md.

20. FILED June 3, 1939 Mrs H. S. Hedges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from May 30, 1939, to June 1, 1939

I last saw her alive on June 1, 1939 death is said to have occurred on the date stated above, at 7 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Uremia	May 31-39

The intestinal obstruction was due to volvulus, caused by post-operative adhesions. Patient had undergone eight previous abdominal operations. C.W.G.R.

Other Contributory Causes of importance: Exploratory operation for intestinal obstruction.

Name of operation Exploratory Date of May 30-39

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? none Date of Injury, 19

Where did injury occur? none (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) William Schwauffer M. D.

(Address) Brunswick

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 5 19[illegible]
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06028

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (161-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH

County Frederick

City or town near Ladiesburg (Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Ladiesburg (Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nellie Virginia Keeney

3. (b) Social Security Number

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife none

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22 1939

8. AGE: Years | Months | Days | If less than one day 1/2 hrs. min.

9. Birthplace near Ladiesburg Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Norman Joseph Keeney

13. Birthplace Maryland

MOTHER

14. Maiden name Virginia D. Baugher

15. Birthplace Maryland

16. Informant N. J. Keeney

Address Keymar Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 23 1939 (month) (day) (year)

Cemetery or crematory Rocky Hill

Location near Woodsboro

18. Funeral director G. C. Barton

Address Walkersville Md

19. June 22 19 W. L. Cyfuan (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1939, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h Dead on arrival alive on 19

Immediate cause of death Pulmonary Atelectasis

DURATION 4 hr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Roland R Diller MD M. D. or other

Address Delour Md Date signed 6/22/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

06029

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (157-d)

County Frederick Registration Dist. No. 134

Village or City Emmitsburg, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Shirley June Keilholtz If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 17, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Gettysburg, Penna.
(State or country)

FATHER

13. NAME Merle Keilholtz

14. BIRTHPLACE (city or town) Frederick Co. Md.
(State or country)

MOTHER

15. MAIDEN NAME Mildred Viola Wood

16. BIRTHPLACE (city or town) Frederick Co. Md.
(State or country)

17. INFORMANT Merle F. Keilholtz
(Address) Emmitsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Rocky Ridge, Md. Date 6-25, 19 39

19. UNDERTAKER T. L. Albicon
(Address) Emmitsburg, Md.

20. FILED June 24, 19 39 M. F. Shuff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 23, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from June 17, 1939, to June 23, 1939.

I last saw her alive on June 23, 1939; death is said to have occurred on the date stated above, at 3:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
atresia oesophagus - congenital	
Trachea-oesophageal fistula congenital	

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis? X Ray + oesophagoscope Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. R. Dodrill M. D.

(Address) Emmitsburg Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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BUREAU V S

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92a) Reg. Dist. No. 131

CERTIFICATE OF DEATH

06030

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hours
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) ~~City~~ or town Woodsboro, Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rt. Centerville Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Mary Kettoman

3 (b) If veteran, name war: No

3 (c) Social Security No.: No

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~ Samuel Kettoman

6. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Jan. 3 1863

8. AGE: Years 72 | Months 5 | Days 3 | If less than one day _____ hr. _____ min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual occupation ~~Domestic~~ Housewife

11. Industry or business

FATHER
12. Name David Stauk
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Kershner
15. Birthplace Md

16 (a) Informant M. Harwood, Emergency
(b) Address Hospital, Frederick Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Zion
Location near Boldesburg Md

18 (a) Funeral director Powell & Albaugh
(b) Address Woodsboro Md.

19 (a) 7 Jun 39 (Date rec'd by registrar) (b) Dra J McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death June 6 1939 at 1 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1939, to June 6 1939 and that I last saw him alive on June 2nd 1939.

Immediate cause of death	Duration
Cardiac Valvular Lesion	Several month
Due to Mitral Valvular Disease	
Due to	
Other conditions Cardiac Dropsy and Acidosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. W. G. Bourne (M. D. or other)
Address Frederick Date signed 6-6-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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WITHIN CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

06031

(48)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 141

Village or City Near Knoxville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Mary Leopold If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles W Leopold

6. DATE OF BIRTH (month, day, and year): March 14, 1900

7. AGE: Years 39 | Months 3 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: John Campbell

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Anna Gosnell

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Charles W. Leopold

(Address) Knoxville Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Knoxville Cemetry Date June 18, 1939

19. UNDERTAKER: C. H. Fute & Bro.

(Address) Brunswick, Md.

20. FILED June 14, 1939 Wm H. S. Hedgn

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1939 to June 15, 1939

I last saw her alive on June 15, 1939; death is said to have occurred on the date stated above, at 2 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus & metastases.	?

Other Contributory Causes of importance:

Name of operation Biopsy Date of May 15-39

What test confirmed diagnosis? Tissue Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Shnauffer M.D.

(Address) Brunswick, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

(M)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

06032

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 12 days

(e) Length of stay in this community (yrs., mos., or days): same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County:

(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3406 Harmony Court
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME**: James A. Lloyd

3 (b) If veteran, name war:

3 (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Lloyd

6. (c) If alive, give age: 36 years

7. Birth date of deceased (mo., day, yr.): May 22, 1897

8. **AGE:** Years: 41 | Months: 1 | Days: 0 | If less than one day: ____ hr. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Fireman

11. Industry or business:

FATHER

12. Name: Charles Lloyd

13. Birthplace: Maryland

MOTHER

14. Maiden Name: Alice M. Smith

15. Birthplace: Maryland

16 (a) Informant: James A. Lloyd

(b) Address: Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26/39 (month) (day) (year)

(c) Cemetery or crematory: Sacred Heart

Location: Baltimore, Md.

18 (a) Funeral director: John C. M[illegible]

(b) Address: Baltimore, Md.

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death: June 22 1939, at 10:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1939, to June 22 1939 and that I last saw him alive on June 22 1939.

	Duration
Immediate cause of death: Pulmonary tuberculosis	1 yr.
Due to: Tubercle bacilli	
Due to:	
Other conditions: Tuberculous laryngitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Stewart S. Shaffer M.D. (M.D. or other)

Address: State Sanatorium md. Date signed 6/23/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06033

139-8

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days) 1 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 514 N. Market St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mrs Alberta Clara Mankin

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	married

6 (b) Name of husband ~~or wife~~ Mr. Richard Mankin

6(c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1916

8. AGE:

Years	Months	Days	If less than one day
22	8	14	____ hrs. ____ min.

9. Birthplace Woodsboro, Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Emmert A. Eichelberger

13. Birthplace Woodsboro, Md.

MOTHER

14. Maiden name Florence I. Clabaugh

15. Birthplace Ladysburg, Md

16. Informant Richard Mankin

Address 512 N. Mkt. St, Frederick, Md.

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof June 25, 1939 (month) (day) (year)

Cemetery ~~or crematory~~ Mt. Hope

Location Woodsboro, Maryland

18. Funeral director Harry E. Canty Co.

Address Frederick, Md.

19. 25 June 1939 (Date rec'd by registrar) J. M. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1939, at 1:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16 1939, to June 23 1939, and that I last saw h-- alive on June 22 1939.

Immediate cause of death	DURATION
Puerperal pertonatis	6 days
Due to Pyo-salpinx	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B O Thomas

M. D. or other

Address Frederick, Md Date signed 6-23-39

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m)

CERTIFICATE OF DEATH

06034

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Frederick Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 hours

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick

City or town Rural - Johnsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Between Union Bridge & Johnsville

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Joseph Willard Grimes Marstiller

3. (b) Social Security Number No

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Helen Grimes Marstiller

6(c) If alive, give age 18 years

7. Birth date of deceased (mo., day, yr.) July - 10 - 1916

8. AGE: Years 22 | Months 11 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace Carroll County New Windsor Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Robert Smith

13. Birthplace Un-known

MOTHER 14. Maiden name Alverta Grimes Marstiller

15. Birthplace New Windsor, Carroll Co. Md.

16. Informant Mrs Joseph Grimes

Address Union Bridge Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof June - 23 - 1939 (month) (day) (year)

Cemetery or crematory Mt. View

Location Union Bridge. Md

18. Funeral director D. D. Hartzler & Sons

Address Union Bridge Md.

19. June - 21 1939 (Date rec'd by registrar) Irvin J. McSunday Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 . 21 1939, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6 . 21 1939, to 6 . 21 1939, and that I last saw him alive on 6 . 21 1939, dead

Immediate cause of death	DURATION
Pulmonary collapse	
Due to Crushing injury of chest	
Due to Auto. accident.	
Other conditions Fracture (bilateral of jaw) & of L leg.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accidental Date of 6 . 21 . 39

Where did injury occur? Route 75 · Johnsville Fred. Co (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Auto accident Injured at work?

23. SIGNATURE P. W. Baer M. D., or other

Address Prop. Bldg. Frederick Md Date signed 6 . 21 . 39

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JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (47-B)

Reg. Dist. No. 13/ 06035

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 215 East Sixth St.,
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 10yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 East Sixth St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** George William Edward May

3 (b) If veteran, name war: None

3 (c) Social Security No. 214-10-2005

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Bertha B. Jewell

6. (c) If alive, give age: 33 years

7. Birth date of deceased (mo., day, yr.): April 13, 1904

8. AGE: Years 35 | Months 1 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace: Frederick County Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Dietrich & Gambrill Inc.

FATHER
12. Name: Charles W. May
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden Name: Annie V. Roberts
15. Birthplace: Frederick County Maryland

16 (a) Informant: Mrs. George W. E. May
(b) Address: 215 E. 6th St., Fred'k, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/11/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Mount Olivet Cemetery
Location: Frederick, Maryland

18 (a) Funeral director: M. R. Etchison & Son
(b) Address: Frederick, Maryland

19 (a) 10 June 39 (Date rec'd by registrar) (b) Jno. J. McSurely Registrar

MEDICAL CERTIFICATION

20. Date of death: June 8th 1939 at 3:20P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/19 1939, to 6/8 1939, and that I last saw him alive on 6/8 1939.

	Duration
Immediate cause of death: Carcinoma of left lung with general metastasis	8 months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Bronchoscopic - Carcinoma of left lung
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: L. R. Schoolman M.D. (M. D. or other)
Address: Frederick, Md. Date signed 6/9/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 5 1939
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 144

CERTIFICATE OF DEATH

(186-D)

06036

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Thurmont Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 10 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Thurmont Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Joanna Miller

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George F Miller

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 16-1858

8. AGE: Years 81 Months 4 Days 27 If less than one day hr. min.

9. Birthplace Frederick - Fredk. Co Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own home

FATHER 12. Name Ezra Clem

13. Birthplace Md

MOTHER 14. Maiden Name Mary Whitmore

15. Birthplace Md

16 (a) Informant Mrs George R Whitmore

(b) Address Thurmont Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16-39 (month) (day) (year)

(c) Cemetery or crematory Cemetery

Location Haugh's Church

18 (a) Funeral director M L Creager & Son

(b) Address Thurmont Md

19 (a) June 15, 1939 (Date rec'd by registrar) (b) R. O. Eyler Dep Registrar

MEDICAL CERTIFICATION

20. Date of death June 13 1939, at 10:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1939, to June 13 1939 and that I last saw him alive on June 13 1939.

Immediate cause of death Fracture of femur — Duration 1 wk

Due to

Due to —

Other conditions Old age debility — 1 yr.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accidental fall

(b) Date of occurrence June 6 - 1939

(c) Where did injury occur? Thurmont - Fred. Md. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no

(e) Means of injury Fell in bedroom at night - she was blind

23. Signature James T. Gray M.D. M. D. or other

Address Thurmont Md. Date signed June 14 '39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 3 1939
BUREAU V. S.

06037

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (46-8)

County Frederick Registration Dist. No. 134

Village or City Emmitsburg No. St. Joseph's College St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Louise Minges (Sister De Sales) If U. S. Veteran, specify WAR ____

(a) Residence: No. St. Joseph's St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Sister of Charity

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sister of Charity

6. DATE OF BIRTH (month, day, and year): November 11, 1863

7. AGE: Years 85 | Months 6 | Days 22 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Asylum Work
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Military Hospital General Hospital Sacristan - Sewing
10. Date deceased last worked at this occupation (month and year): 1936
11. Total time (years) spent in this occupation: About 65 yrs.

12. BIRTHPLACE (city or town) (State or country): Rochester, New York

FATHER
13. NAME: Jacob Minges
14. BIRTHPLACE (city or town) (State or country): Bavaria, Germany

MOTHER
15. MAIDEN NAME: Frances Peters
16. BIRTHPLACE (city or town) (State or country): Baden, Germany

17. INFORMANT (Address): Sister Gertrude

18. BURIAL, CREMATION, OR REMOVAL
Place: St. Joseph's Emmitsburg, Md. Date: 6/5/1939, 19__

19. UNDERTAKER (Address): S. L. Allison Emmitsburg Md

20. FILED: June 3, 1939 J. M. F. Sturff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 3d (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 25th, 1935, to June 3d, 1939. I last saw her alive on June 1st, 1939; death is said to have occurred on the date stated above, at 5 40 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Malignancy of liver	
Chronic Arterial Sclerosis	1930

Other Contributory Causes of importance:

Name of operation: nonfunctory Date of ____

What test confirmed diagnosis? Clinical history Physical examination Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) J. Morris A. Beily M. D.

(Address) Thurmont Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06038

STATE OF MARYLAND—CERTIFICATE OF DEATH

(95-E)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 132

Village or City Middletown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 77 yrs. 9 mos. 27 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Catherine Minnick If U. S. Veteran, specify WAR

(a) Residence: No. Middletown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles C. Minnick

6. DATE OF BIRTH (month, day, and year): August 13, 1861

7. AGE: Years 77 Months 9 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): May 1939

11. Total time (years) spent in this occupation: 77

12. BIRTHPLACE (city or town) (State or country): Middletown, Md

FATHER

13. NAME: Jacob Flook

14. BIRTHPLACE (city or town) (State or country): Middletown Md

MOTHER

15. MAIDEN NAME: Leah Ann Brandenburg

16. BIRTHPLACE (city or town) (State or country): Middletown Md

17. INFORMANT (Address): Elizabeth Minnick, Middletown Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Middletown, Md. Date: June 13, 1939

19. UNDERTAKER (Address): Gladhill Co., Middletown Md

20. FILED: June 13, 1939 D. Grayson Sweeney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1939, to June 10, 1939

I last saw her alive on June 8, 1939; death is said to have occurred on the date stated above, at 11:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertension	1930
Cerebral hemorrhage	5/23/39
Arteriosclerotic heart Disease	1935

Other Contributory Causes of Importance:

Pyelitis	6/1/39

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Richard H Todd M. D.

(Address) Middletown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (59)

Reg. Dist. No. 131

06039

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Montevue County Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs.
(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Frederick Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Montevue
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Nicie Morningstar

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex Female
5. Color or race White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of husband ~~or wife~~ Richard Morningstar
6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1870

8. AGE: Years 69 | Months 3 | Days 6 | If less than one day _____ hr. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name William Jones
13. Birthplace Md

MOTHER
14. Maiden Name Jennie Hyatt
15. Birthplace Md

16 (a) Informant E. Cedelsberger, Emergency
(b) Address Hospital, Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6-7-39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Pine Grove
Location Mt. Airy - Md.

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick - Md.

19 (a) 6-June 39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death June 4 1939, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1930, to June 4 1939, and that I last saw her alive on June 3 1939.

Immediate cause of death	Duration
Diabetic Acidosis	7 days
Due to Diabetes Mellitus	9 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O. Thomas - M. D. per Frank D. Worthington M.D.
Address Frederick - Md. Date signed June 4 1939

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

06040

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 2mo. 25days

(e) Length of stay in this community (yrs., mos., or days): same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County: Baltimore

(c) City or town: Stemmer's Run
(If outside city or town limits, write RURAL and give town)

(d) Street No.: Back River Neck Road
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME**: Adam Moroz

3 (b) If veteran, name war:

3 (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.: Single

6 (b) Name of husband or wife:

6. (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 24, 1910

8. **AGE:** Years: 29 Months: 3 Days: 23 If less than one day: _____hr. _____min.

9. Birthplace: Sparrow's Point, Balto. Co, Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER

12. Name: Albert Moroz

13. Birthplace: Europe

MOTHER

14. Maiden Name: Justina ----?---

15. Birthplace: Europe

16 (a) Informant: Adam Moroz

(b) Address: Stemmer's Run, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19/39 (month) (day) (year)

(c) Cemetery or crematory: Christ Evan. Lutheran

Location: Baltimore, Md.

18 (a) Funeral director: M. L. Creager

(b) Address: Thurmont, Md.

19 (a) 6/16/39 (Date rec'd by Registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death: June 16 1939, at 7:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1939, to June 16 1939 and that I last saw him alive on June 16 1939.

Immediate cause of death: Pulmonary tuberculosis — Duration: 9 mos.

Due to: Tubercle bacilli

Due to:

Other conditions: Fatal pulmonary hemorrhage
(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Stewart S. Shaffer M.D. M. D. or other

Address: State Sanatorium Md. Date signed 6/16/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 6 1939
BUREAU V. S.

06041

STATE OF MARYLAND—CERTIFICATE OF DEATH

(82-B)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 132

Village or City Harmony No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edna E. Moser If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Roger J. Moser

6. DATE OF BIRTH (month, day, and year) Nov. 14, 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 4-39 May

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Myersville, Md.

FATHER

13. NAME Elmer Poffinberger

14. BIRTHPLACE (city or town) (State or country) Myersville, Md

MOTHER

15. MAIDEN NAME Ida Harshman

16. BIRTHPLACE (city or town) (State or country) Myersville, Md.

17. INFORMANT Roger Moser

(Address) Middletown, Md.

18. BURIAL, CREMATION, OR REMOVAL Northern Ellerton

Place Crossnickel Mk. Date 6/22, 1939

19. UNDERTAKER Gladhill Co.

(Address) Middletown, Md.

20. FILED June 22, 1939 D. Raymond Zimmer

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 19 (Dey), 1939 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to June 18, 1939

I last saw h er alive on June 18, 1939; death is said to have occurred on the date stated above, at 11 40P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Strep. Viridans Septicaemia	about May 12 1939
Other Contributory Causes of importance: Cerebral Embolus	May 26 1939

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If daeth wes due to externel causas (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

No

Means of Injury

Nature of Injury

24. Wes diseese or injury in any wey releted to occupation of deceesed? No

If so, specify

(Signed) J. Elmer Harp M. D.

(Address) Middletown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JUL 8 1939 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

06042

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Days

(e) Length of stay in this community (yrs., mos., or days) 35 Yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Carroll

(c) City or town Ridgeville (If outside city or town limits, write RURAL and give town)

(d) Street No. Mt Airy R.F.D. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Clarence Melton Murray

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ or wife Laura M. Smith

6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) November 7, 1869

8. AGE: Years 69 | Months 7 | Days 8 | If less than one day _____ hr. _____ min.

9. Birthplace Feagaville, Fred. Co., Md. (Town, county, and state)

10. Usual occupation Retired Laborer

11. Industry or business

FATHER

12. Name Joshua T. Murray

13. Birthplace Maryland

MOTHER

14. Maiden Name Ann Maria Heller

15. Birthplace Maryland

16 (a) Informant Mrs. Laura M. Murray,

(b) Address Mt. Airy, Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/17/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mount Olivet,

Location Frederick, Maryland.

18 (a) Funeral director M.R. Etchison & Son,

(b) Address Frederick, Maryland

19 (a) 16-June-39 (Date rec'd by registrar) (b) Ira J. McCendy Registrar

MEDICAL CERTIFICATION

20. Date of death June 15 1939, at 9 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1939, to June 15 1939, and that I last saw him alive on June 15 1939

Immediate cause of death Acute Coronary Thrombosis — Duration 1 week

Due to _____

Due to _____

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature A. Austin Pearre M. D. or other

Address Frederick, Md. Date signed 15-June 1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 [illegible]
BUREAU V. S.

06043

STATE OF MARYLAND
CERTIFICATE OF DEATH

(82-a)

Registration Dist. No. 138

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
County Frederick
Village or City New Market (No. Maryland St.; Ward)

2 FULL NAME Mary Narcissa Castle

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Sept (Month) 3 (Day), 1845 (Year)

7 AGE: 93 yrs. 9 mos. 15 ds.
If LESS than 1 day, hrs. OR min. ?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry business, or establishment in which employed (or employer): ✓

9 BIRTHPLACE (State or country): Virginia

PARENTS
10 NAME OF FATHER: John Steer
11 BIRTHPLACE OF FATHER (State or country): Virginia
12 MAIDEN NAME OF MOTHER: Mary Schooley
13 BIRTHPLACE OF MOTHER (State or country): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Anna Reevell
(Address) New Market, Md.

15
Filed June 17, 1939 Lucian K Falconer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 16 (Day), 1939 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1936, 191.., to June 16, 1939, that I last saw her alive on June 16, 1939, and that death occurred on the date stated above, at 2:00 p.m.

The CAUSE OF DEATH * was as follows:

Cerebral Hemorrhage.

(Duration) yrs. mos. 3 ds.

Contributory Secondary Arteriosclerosis

(Duration) 5 yrs. mos. ds.

(Signed) Anna Reevell M. D.
6/16/1939 (Address) 3402 Greenland Rd. Baltimore Md.

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ..yrs. ..mos. ..ds. In the State, ..yrs. ..mos. ..ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: New Market Cemetary
DATE OF BURIAL: 6/20, 1939

20 UNDERTAKER: W. E. Falconer
ADDRESS: New Market

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUL 5 1909
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (53-E) Reg. Dist. No. 131

CERTIFICATE OF DEATH

06044

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 4 E. Third St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 40yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 4 E. Third St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Annie Gertrude Rhoderick

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1877

8. AGE: Years 61 | Months 11 | Days 20 | If less than one day _____ hr. _____ min.

9. Birthplace Nr. Church Hill Fred'k Co., Md. (Town, county, and state)

10. Usual occupation Practical Nurse

11. Industry or business

FATHER

12. Name Maurice H. Rhoderick

13. Birthplace Nr. Feagaville Fred'k Co., Md.

MOTHER

14. Maiden Name Rebecca Thomas

15. Birthplace Nr. Adamstown Fred'k Co., Md.

16 (a) Informant Miss Ella J. Rhoderick

(b) Address 4 E. 3rd St., Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/3/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) ~~June 30~~ (Date rec'd by registrar) (b) Ina J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death June 30th, 1939 at 5:20A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1935, to June 30 1939, and that I last saw him alive on June 29 1939

Immediate cause of death	Duration
Carcinomatous adenomata of the thyroid	4 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature O. H. Cooley M. D. or other

Address Frederick, Md. Date signed July 3 39

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a) Reg. Dist. No. 131 06045

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick, City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4hrs.
(e) Length of stay in this community (yrs., mos., or days) 10yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) ~~City~~ or town Urbana - Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. Frederick, Md. R. D. 2 (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Lew Milton Roelkey

3 (b) If veteran, name war: none

3 (c) Social Security No. 214-10-3850

4. Sex: male

5. Color or race: white

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: married

6 (b) Name of ~~husband or wife~~: Lillian Gladhill

6. (c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): May 27, 1885

8. AGE: Years 54 | Months 1 | Days 0 | If less than one day: _____hr. _____min.

9. Birthplace: Frederick, Fred., Maryland (Town, county, and state)

10. Usual occupation: Meat Cutter

11. Industry or business: Grocery Store

FATHER
12. Name: Elroy L. Roelkey
13. Birthplace: Frederick, Maryland.

MOTHER
14. Maiden Name: Genevra Zimmerman
15. Birthplace: Frederick, Maryland

16 (a) Informant: Mrs. Lew M. Roelkey,
(b) Address: Frederick, Md. R.D. 2

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Mt. Olivet
Location: Frederick, Maryland

18 (a) Funeral director: M. R. Etchison & Son,
(b) Address: Frederick, Maryland.

19 (a) 28-June-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death June 27th., 1939, at 5.20P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1939, to June 27 1939 and that I last saw him alive on June 27 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 hours
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B O Thomas (M. D. or other)
Address Frederick, Md. Date signed 6/28/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 5 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 131

06046

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ ~~[illegible]~~ - FREDERICK
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: FREDERICK City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 Days

(e) Length of stay in this community (yrs., mos., or days) 76 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State MD (b) County FREDERICK

(c) City or town RURAL FREDERICK
(If outside city or town limits, write RURAL and give town)

(d) Street No. Route #1 FREDERICK MD
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Joseph Fulton Routzahn

3 (b) If veteran, name war: NONE

3 (c) Social Security No. NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, ~~married, widowed, or divorced.~~ SINGLE

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) MARCH-18-1863

8. AGE: Years 76 | Months 2 | Days 20 | If less than one day _____ hr. _____ min.

9. Birthplace FREDERICK County MD
(Town, county, and state)

10. Usual occupation FARMER (RETIRED)

11. Industry or business

FATHER
12. Name DANIEL H. ROUTZAHN
13. Birthplace FREDERICK County, MD

MOTHER
14. Maiden Name MARGARET FULTON
15. Birthplace FREDERICK County, MD

16 (a) Informant CHARLES H. ROUTZAHN
(b) Address Route #1 FREDERICK, MD

17 (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof 6 (month) 10 (day) 39 (year)

(c) Cemetery ~~or crematory~~ Mt. OLIVET
Location FREDERICK, MD

18 (a) Funeral director HARRY E. CARTY Co
(b) Address FREDERICK, MD

19 (a) 10-June-39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death June 8 1939, at 2 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1939, to June 8 1939, and that I last saw him alive on June 8 1939.

Immediate cause of death	Duration
Cardio Vascular Renal disease	9
Due to	
Due to	
Other conditions Bronchopneumonia	2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature H. Lawrence Fahney MD
M. D. or other

Address Frederick Md Date signed 6-9-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (90)

06047

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:
County: Frederick
City or town: Rural R.D. New Windsor, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Rural, New Windsor, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Sams Creek
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Margaret S. Schellen

3. (b) Social Security Number: Non

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name ~~of husband~~ or wife: Charles Schellen
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 28, 1855

8. AGE: Years: 84 | Months: 5 | Days: 1 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Frederick Co. Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: David Glass
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Mary Ann Schuster
15. Birthplace: Maryland

16. Informant: Mrs. Anna M. Blaine
Address: R.D. Mt. Airy, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 2, 1939 (month) (day) (year)
Cemetery or crematory: Taylorsville, Md.
Location: Taylorsville, Carroll Co.

18. Funeral director: C. M. Waltz
Address: Winfield Md

19. June 30 1939 (Date rec'd by registrar) M. L. Cashman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 29 1939, at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20th 1939, to June 29th 1939, and that I last saw h- alive on June 29th 1939.

Immediate cause of death: Acute Pericarditis + Cardiac dilatation — DURATION: 10 days

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: L. L. Otterly, M. D. or other
Address: New Windsor Date signed 7/1/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06048

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital.

Stay in hospital or inst. (yrs., or mos., or days) 2 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Frederick

City or town Ladiesburg Rural Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME David Dean Sebring

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27. 1939.

8. AGE: Years | Months | Days: 2 | If less than one day: hrs. min.

9. Birthplace Frederick, Maryland. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Nova Dean Sebring

FATHER 13. Birthplace Cherry-tree, Penn.

MOTHER 14. Maiden name Mary Lavina Hillegass

MOTHER 15. Birthplace Marks-Choice, Penn.

16. Informant N. Dean Sebring

Address Ladiesburg. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 30-1939 (month) (day) (year)

Cemetery or crematory St. Joseph

Location Taneytown Md.

16. Funeral director C. O. Fuss & Son

Address Taneytown Md.

19. 30-June-1939 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1939, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27 1939 to June 29 1939, and that I last saw him alive on June 29 1939.

Immediate cause of death Dystocia — DURATION 4 days.

Due to Prolonged labor

Due to Primipara age 41
Cerebral Hemorrhage

Other conditions High forceps

(Include pregnancy within 3 months of death)

Major findings:

Of operations X

Of autopsy X

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm M. Smith M.D. M. D. or other

Address Frederick, Md Date signed 6-29-39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 131

CERTIFICATE OF DEATH

(16049)

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick (Rural)
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital of inst. (yrs., mos., or days) 1 day.
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) ~~City~~ or town New Market (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Franklin Selvage

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed~~ or divorced: Married

6 (b) Name of ~~husband~~ or wife: Mrs. Eliza Selvage

6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Sept 14, 1886

8. AGE: Years 52 | Months 10 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Missouri
(Town, county, and state)

10. Usual occupation

11. Industry or business Telephone Company

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name unknown
15. Birthplace

16 (a) Informant E. Gidlesberger, Emergency Hospital
(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 6. 19. 39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Home Cemetary.
Location near New Market Md.

18 (a) Funeral director W. E. Falconer.
(b) Address New Market Md.

19 (a) 19-June-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death June 17 1939, at 4 35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1937, to June 17 1939, and that I last saw him alive on June 17 1939.

Immediate cause of death	Duration
Uraemia	Jun 13-39
Due to Chronic Parenchymatic Nephritis	
Due to Aortic Stenosis	
Other conditions Hypertension	1937

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O'Thomas
M. D. or other
Address Frederick, Md. Date signed 18-June-1939

VS. A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and forcibly. MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C) Reg. Dist. No. 131

CERTIFICATE OF DEATH

06950

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 236 West Fifth Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 4 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 236 West Fifth Street (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Frederick William Siffrin

3 (b) If veteran, name war	3 (c) Social Security No.	4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~.
None	None	Male	White	Married

6 (b) Name of ~~husband~~ or wife Susie Utz Siffrin

6. (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) July 4, 1893

8. AGE: Years	Months	Days	If less than one day
45	10	27	_____ hr. _____ min.

9. Birthplace Pendleton, Indiana (Town, county, and state)

10. Usual occupation Minister

11. Industry or business

FATHER 12. Name Joseph Siffrin

13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Sophia Mullica

15. Birthplace New Jersey

16 (a) Informant Mrs. Frederick W. Siffrin

(b) Address Frederick, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Church of Brethren Cem.

Location Monrovia, Maryland

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick, Maryland

19 (a) 2-June 39 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death June 1, 1939, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1937, to June 1 1939; and that I last saw him alive on June 1 1939.

	Duration
Immediate cause of death: Acute dilatation heart.	12 hours.
Due to Chronic myocarditis.	10 years.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. M. Smith M.D. M. D. or other

Address Frederick, Md. Date signed June 2-39.

Dr. W. M. Smith

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (107-a)

Reg. Dist. No. 131

06051

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick, Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 438 W. South St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Betty Jane Smith

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 20, 1939

8. AGE: Years | Months | Days 25 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER
12. Name Edward Smith
13. Birthplace Md

MOTHER
14. Maiden Name Katherine Stevens
15. Birthplace Md.

16 (a) Informant E. Adelsberger Emergency Hosp.
(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/16/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Fred. Memorial Cem.
Location Linden Hills Fred'k, Md.

18 (a) Funeral director C. E. Caline & Son
(b) Address Frederick, Maryland

19 (a) 16 June 39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death June 14 1939 at 5 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1939, to June 14 1939, and that I last saw ~~him~~ alive on June 14 1939.

Immediate cause of death	Duration
Bronchopneumonia	5 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature B. O. Thomas M. D. or other
Address Frederick, Md Date signed 6/14/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

06052

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day

(e) Length of stay in this community (yrs., mos., or days) 66 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Adamstown (Rural) (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Thomas, Miss Mary

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife: —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) February 22, 1873

8. **AGE:** Years 66 | Months 3 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace Adamstown, Frdk, Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER

12. Name Daniel Peter Thomas

13. Birthplace Md. Adamstown

MOTHER

14. Maiden Name Elizabeth Rebecca Ramsburg

15. Birthplace Frederick County Md.

16 (a) Informant Cora B. Thomas

(b) Address Adamstown, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/3/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Manor Reformed Cem.

Location Church Hill, Fred. R. D. #4

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 3-June-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death: June 1 1939, at 4.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1939, to June 1 1939, and that I last saw ~~him~~ her alive on June 1, 1939.

Immediate cause of death	Duration
Acute Cholecystitis	3 days
Due to	
ad La Grippe	week
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** Sigmund R. Nowak M.D. (M. D. or other)

Address Adamstown Md · Date signed June 1, 1939

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5 1939
BUREAU V. S.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

06053

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 12 days

(e) Length of stay in this community (yrs., mos., or days): 12 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County:

(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No.: 3010 Woodlawn Avenue
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME**: Mary M. Trainis

3 (b) If veteran, name war:

3 (c) Social Security No.: Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: John Trainis

6. (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): Aug. 24, 1897

8. AGE: Years	Months	Days	If less than one day
41	9	21	____ hr. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: Stephan ----?---

13. Birthplace: Unknown

MOTHER

14. Maiden Name: Unknown

15. Birthplace: Unknown

16 (a) Informant: Mary M. Trainis

(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Unknown (month) (day) (year)

(c) Cemetery or crematory: Unknown

Location: Baltimore, Md.

18 (a) Funeral director: M. L. Creager

(b) Address: Thurmont, Md.

19 (a) 6/17/39 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death: June 15 19 39 at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 19 39, to June 15 19 39, and that I last saw him alive on June 15 19 39.

Immediate cause of death	Duration
Pulmonary tuberculosis	4 mos.
Due to: Tubercle bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Stewart S. Shaffer M.D. M. D. or other

Address: State Sanatorium md. Date signed: 6/15/39

RECEIVED
JUN 24 1935
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a)

Reg. Dist. No. 131

06054

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Montevue - Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Montevue - County House

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City or town~~ Montevue - Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No. Frederick, Md. R. F. D.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Molly Washington

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: Colored

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 24, 1878

8. AGE: Years 61 | Months 2 | Days 15 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Hezkiah Washington
13. Birthplace Frederick County Maryland

MOTHER
14. Maiden Name Carolina Sims
15. Birthplace Frederick County Maryland

16 (a) Informant Pauline Hildebrand R. N.
(b) Address Emergency Hospital, Montevue

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/12/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Fairview Cemetery
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 12 - June 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death June 9th, 1939, at 10:45P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 29 1928, to June 9, 1939, and that I last saw ~~him~~ her alive on June 9, 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	1 hour
Due to	
Hypertension	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. C. Thomas
M. D. or other

Address Frederick, Md. Date signed 4/10/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 5 1939
BUREAU OF U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (210-M)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

06055

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs

(e) Length of stay in this community (yrs., mos., or days) 15 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City or town~~ Frederick, R. F. D. #4 Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. Ballanger Creek Pike (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Naomi Lewis White

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Female

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~. Married

6 (b) Name of husband ~~or wife~~ Howard W. White, Sr.

6. (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) June 19, 1910

8. AGE: Years 28 | Months 11 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Nr. Myersville, Fred'k, Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER

12. Name Emory G. Lewis

13. Birthplace Nr. Ellerton, Fred'k, Co. Md.

MOTHER

14. Maiden Name Icie Delauter

15. Birthplace Nr. Ellerton, Fred'k, Co. Md.

16 (a) Informant Howard W. White, Sr.

(b) Address R. F. D. #4, Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/8/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Grossnickles Cemetery

Location Nr. Ellerton, Fred'k, Co. Md.

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 7-June 39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death June 5th, 1939 at 9:05P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1939, to June 5 1939, and that I last saw him alive on June 5 1939.

Immediate cause of death Concussion of Brain Crushed Chest

Due to Auto accident

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration 1 hr

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence June 5, 1939

(c) Where did injury occur? Nr. Myersville, Fred'k Md. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public Place (Specify type of place) While at work? No

(e) Means of injury auto accident

23. Signature E P Thomas M. D. or other

Address Frederick, Md. Date signed June 5-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 24 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 139

CERTIFICATE OF DEATH

06056

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town State Sanatorium
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10mo.23days

(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3539 Old York Road
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Irma V. Wilson

3 (b) If veteran, name war	3 (c) Social Security No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Unknown

6. (c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1909

8. AGE: Years	Months	Days	If less than one day
29	9	18	____hr. ____min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Cellophane worker

11. Industry or business Cellophane industry

FATHER 12. Name Walter C. Wain

13. Birthplace Ohio

MOTHER 14. Maiden Name Annie E. Bassford

15. Birthplace Maryland

16 (a) Informant Irma V. Wilson

(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14/39 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park Cem.

Location Baltimore County, Md.

18 (a) Funeral director M. L. Chenger

(b) Address Thurmont, Md.

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death June 11 1939, at 1:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1938, to June 11 1939, and that I last saw him alive on June 11 1939.

Immediate cause of death	Duration
Pulmonary tuberculosis	1yr.3mo.
Due to Tubercle bacilli	
Due to	
Other conditions Tuberculous empyema (Include pregnancy within 3 months of death)	

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underlins the causs to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stewart L. Shaffer M.D.
M. D. or other

Address State Sanatorium md Date signed 6/11/39

RECEIVED
JUL 6 1939
BUREAU V. S.